

AW D.  
wa la  
and  
Phila  
a simi  
um of  
South  
specia  
rn, and  
coun  
men  
mirag

teria  
Addie,  
James

nce of  
Reeve,

y Rev.  
k city.

Baptist  
d S. A.  
York,

linson,  
rtland,  
ate Ro

18th, S.  
na M.  
on, Pa.  
hman,  
elides  
e copy,  
by the  
London,  
Dr. A.

libert,  
Soudier

9, 1871  
the 7th

ohnson,  
thead

Hoeks,  
dent of

am es,  
hatchet

stin, M.  
received  
or died

ospital,  
Robert J.

ar as li  
finger  
ion is  
h fair

ym. A.  
mas, of

Minnie,  
in the

n S.-C.  
Cons.  
rreport.

r. John  
e New

# THE MEDICAL AND SURGICAL REPORTER.

No. 746.]

PHILADELPHIA, JUNE 17, 1871.

[Vol. XXIV.—No. 24

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### CASES FROM PRACTICE.

By S. M. SNYDER, M. D.,

Of Danville, Pa.

#### CHLOROFORM—POISONING BY ITS INTERNAL ADMINISTRATION.

On the morning of the 13th of May, 1870, I was sent for in great haste to see a young man who was said to have taken *chloroform* internally. On my arrival, about three-quarters of an hour after the occurrence, I found him completely insensible, and in a state resembling apoplexy, with the exception of the respiration.

It was a case, at first sight, somewhat difficult to diagnose correctly; 1st, because he became insensible suddenly, or quickly, as I learned from the relatives; and 2d, he had convulsions before, and there were also some hereditary tendencies toward nervous disorders.

In order, therefore, to clear up the case satisfactorily and clearly, it became necessary to make an examination of the surroundings, the circumstances and the symptoms. The first evidence was the finding of a two ounce bottle about one-third full of chloroform.

In the summer of 1869 I prescribed two ounces of chloroform for him for convulsions, produced by debauch, but it was not used in consequence of the convulsions being arrested by venesection, performed before the chloroform arrived. At that time I gave directions to take care of it, as it might come useful at some future time. He then lived at home with his widowed mother and was single; since then he married, and lives but a short distance from his mother, at whose house the chloroform was left.

On the morning of the 13th of May he came home from work as usual (for he was on the night turn, as it is called by the men who work in the rolling mills or furnaces during the night), ate his breakfast and went up stairs to sleep, but could not. He then dressed, came down stairs and went to his mother's house and got the chloroform. From there he went to his brother's house, near by, and then returned home. While at his brother's house he made some expressions to the effect that he was dissatisfied and troubled. After returning home, he again went up stairs and his wife followed him and asked him if he was sick, and he replied in the negative. Shortly after this she went down stairs and had been down but a few minutes when he called to her to bring some water up to him. By the time she reached him he seemed strangled and already delirious. He vomited a small quantity of ingesta, and she said the fumes that came into her face were very irritating and suffocating. She found the bottle on a chair by the bedside with its contents partly emptied, whereupon she called her uncle and sent for me immediately.

When I arrived the pulse was between 80 and 88, and feeble; the pupils were widely dilated; the breath highly charged with chloroform, and the respiration 40 in the minute, quick, and yet somewhat difficult. From the symptoms, etc., I therefore came to the conclusion that he was poisoned by chloroform taken internally.

During the first four hours the pupils remained dilated; the remaining period of insensibility they dilated and contracted every few minutes, and were not effected by strong light. The pulse remained about the same throughout. The breath gave off strong and distinct fumes for five hours. The respiration

was more singularly effected. When the body rested on the right side, and the head drooping forward and downward, it would be about 40 per minute and regular. If the body were placed on the back, it would be entirely suspended, and two or three times it was restored with difficulty. Whilst under its influence, the face was livid, and the lips red and dry, presenting the appearance as if something very irritating had been brought in contact with them. The cutaneous surface during the first six hours was natural, but during the last two there was very free perspiration, large drops standing on the surface and saturating his garments as if they had been dipped in water. The comatose condition lasted nearly eight hours. He then gradually became sensible and continued so. The following day he made a confession to me, stating that he had taken the medicine with criminal intention.

The treatment consisted, while under its direct influence, in free ventilation, cold applications to the head, and whenever there was arrested respiration, turning the body over and forcing the fingers up under the diaphragm. After consciousness had completely returned, symptoms of gastro-enteric inflammation were present. The first twelve to fourteen hours he complained of burning pain over the region of the stomach and bowels; and everything taken into the stomach was immediately rejected. For this I ordered chalk mixture, wine of opium and fluid extract of rhubarb. This produced but little relief, and the following day I ordered calomel and powdered opium to be followed by castor oil, and fomentations over the abdomen. This arrested the vomiting and gave some relief. On the third day the pulse was 124, and the skin dry and hot; but the pain was greatly relieved. I then ordered the following:

R. Pulv. opii,	gr. iij.
Bismuth s. carb.,	3ss.
Ft. chart,	No. viij. M.

S.—One every three hours.

From this time onward he continued to improve and return to health. The amount of chloroform taken was about two-thirds of two ounces. I may remark in this connection that his having taken it on a full stomach, and perhaps some of the chloroform being ejected shortly after having been taken, had no small share in lessening the danger and the result; and I feel confident, from the effect it had on him, that he will never meddle again with an agent which he knew so little about.

#### FOUR CASES OF PUERPERAL CONVULSIONS.

About midnight on the 3d of Feb., 1868, I was called to visit Mrs. A., primipara; æt. about 20 years; light, curly hair; rather full face; œdematous in nature; weighing about 120 pounds in health, and about in her seventh month of pregnancy. In the evening she had returned home from church, and it was said that a portion of the road was icy, and that it was with difficulty she had kept herself from falling. Before reaching home and after, she had several severe pains; and the husband becoming uneasy, came for me. When I arrived the symptoms were those of abortion; and as I had some powdered opium along with me I gave her about the sixth of a grain, and left a few powders containing about the same amount, with the direction that they should be given every hour until they produced relief—or in case anything transpired they should send for me. About half an hour after the husband came again for me, stating she was worse. Shortly after I had reentered the house she was seized with a convulsion which lasted a few seconds. When it passed off she looked somewhat staringly, but was partly sensible. When asked if she had any pain she replied she had none. The first occurred about 1 o'clock A. M. In the course of half an hour or more, I do not recollect now, because I took no notes at the time, she had another. In the mean time I made an examination and found the os uteri dilated to about the size of a twenty-five cent piece. I remained with the case during the night, and by daylight the os uteri was sufficiently dilated, as I thought, to admit of version. I sent for assistance and chloroform, and about 7 or 8 o'clock chloroform was administered, and I delivered a live fœtus of about seven months, performing version by the feet, the vertex presenting. Chloroform had no control over the convulsions, neither had the delivery; they continued until death closed the scene, about twenty-four hours from their commencement.

During the night I gave two or three doses of fl. ext. valer., Hoffman's anodyne and digitalis, and suspended the opium. I did not perform venesection, as the appearance and the history of the case did not recommend it. If I should meet with another similar case, however, I would resort to it, although I have read the experience of others who have used it to its utmost extent, and have been disappointed with it. The object in using the

Hoffman's anodyne, valerian and digitalis was, if possible, to quiet nervous irritation until delivery could be accomplished, hoping that when that was accomplished the convulsions would cease. In this I was disappointed. After delivery I tried to administer bromide of ammonium, but could not on account of inability to swallow. I saw an article in some journal, stating that it is not difficult to administer it in convulsions, but my experience with it in this case, after coma began to be more complete, was different. It might have been given in the first hours of labor, but not in the latter, or after delivery. As swallowing could not be accomplished, I gave her an active enema, which unloaded the bowels, but produced no other favorable result. The convulsions doubtless were the result of albuminuria, as she had been complaining for some time, and appeared to her relatives, who had advised her to consult some one, but had failed to do so, very much bloated and dropsical.

One remark more in the history of this case: but in so doing, I do not wish to be considered credulous or superstitious. Those who knew her have told me since that she had *very frequently* said, "I will never get over it," and had given directions how and where she wished to be buried, etc. She seemed to have had a firm conviction that this would take place, and yet she did not dread it. Such manifestations, when I attended lectures, were considered very unfavorable and were to be discouraged with the greatest assurance of recovery. Doubtless, all physicians have found such cases, whether in surgery, medicine or midwifery, less influenced by treatment, as well as more fatal than cases wanting such peculiar manifestations.

The second case occurred on the 22d of November, 1870, in the person of a stout, heavy, primiparous woman, about five feet, two or three inches high, weighing about 160 lbs., and in seventh month of pregnancy. I was sent for in the night, about two or three o'clock, and from what I learned of the messenger, the husband, I dismissed him with the directions to give her a dose of purgative medicine; apply mustard to the back of the neck, and keep the head cold with water. At my first visit, 8 o'clock in the morning, I ascertained these facts, and found the patient in the following condition: At three o'clock

the convulsions commenced, and had continued ever since. They did not send for me again, because she had "fits" before, and they thought they would pass off; I have seen her in several of them, but they were hysterical and epileptic in character. Her mother also has had them; I saw her in child-bed about four years ago with her seventeenth child, and she had several then; she was a very lusty woman, weighing from 250 to 300 lbs., and this daughter partook of her nature to a great extent, with the exception of weighing something less. I, therefore, did not feel as uneasy about her as if the system was unaccustomed to such influences; although these were of a different nature from those which I had seen her have before; she had also been a great gormandizer, as her appetite was almost insatiable.

The premonitory symptoms had been pain in the head, vomiting, pain in the back, general restlessness, and diarrhoea the day before. The pulse was 84, full and strong; the face flushed, and the skin somewhat dry, excepting about the forehead, which was covered with large drops of perspiration; the pupils during the convulsions slightly dilated, and contracted during their absence; the convulsive act lasted from one to five minutes before delivery, and about twenty minutes apart, perfectly insensible; uterine contractions every ten or fifteen minutes, and the os uteri not sufficiently dilated to make out a correct diagnosis of the part presenting. Having examined the case, and ascertained the above facts, I requested a consultation. This being done, we decided to bleed her freely, as her general appearance and symptoms indicated it; accordingly a tin wash-basin, holding about two quarts, was nearly filled; this had no apparent effect on the attacks; they continued as before, with perhaps this difference, that they were longer, more severe, and about five minutes further apart. It was, therefore, desirable that labor be terminated as speedily as possible: examination was again made, and the os uteri found dilated about one inch and a half in diameter; pressure with the finger was instituted, and in the course of an hour dilatation was pretty effectually accomplished. The breech was found presenting; the membranes were then ruptured; a fillet, with considerable difficulty, was passed over the anterior groin, and delivery accomplished by traction. Considerable difficulty was ex-

perienced in extracting the head, as the os uteri contracted around and retained it. The child was still-born. At 11 o'clock A. M., fifteen minutes after delivery, she had a long and severe attack, affecting principally the left side; the face and head also were convulsed, affecting one side and then the other. This convulsion lasted about three quarters of an hour.

After this subsided the coma was profound, the pulse very feeble and frequent—from 160 to 180 in the minute; the respiration groaning and sighing; bloody saliva, being forced out by the expirations, appeared at the mouth, and the face and forehead were covered with large drops of perspiration. I then ordered the following:

R. Bromide potass.,       $\zeta$ iv.  
Syr. simp.,                       $\mathfrak{f}\frac{3}{4}$ ij. M.  
S.—A tablespoonful every hour.

First dose was given fifteen minutes after 12 o'clock. Another dose was ordered to be given an hour after, and I left the case, promising to return soon. Returned at two o'clock. Had one convulsion during my absence. This was the last one. For two or three days she remained with her eyes shut, apparently insensible, although sensitive when pinched or pricked with a pin. After this her eyes became open, and she looked around wild and vacant. The appetite was craving and depraved, for she not only would eat large quantities of allowable food, but dishes of any other similar thing given her, or that were within reach. Defecation and urination were performed in bed, with obstinacy and persistency. To prevent this, physical punishment, as the cupping glasses, blisters and the hot iron, were threatened. These manifestations I believed to be somewhat hysterical in nature, as she had acted somewhat similarly on previous occasions in my own experience with her, and I therefore spoke of this mode of treatment in her presence. Nothing, however, was done besides cupping. This she tried to prevent, for as soon as one was put on she would twist and turn around in bed until it was thrown off. After this, about the fifth or sixth day after confinement, she got out of bed and used the close stool, and there was no more trouble from this source thereafter. She began to speak on the fourteenth day after confinement, in monosyllables, as "yes" or "no," when asked if she desired anything, and when pricked with a pin or pinched, by "ouch" or "don't." From this time on-

ward she continued to talk, as occasion required, sometimes very much deranged and at others more rational. Recovery was perfect, with the exception of the mental faculties. This has continued up to the present time, now six months since the date of the confinement, the derangement being of the character of dementia, not very grave, but sufficient to be noticed by any ordinary observer.

NOTE.—Since writing the above, the sister has informed me that the stepfather had struck her on the head a short time previous to her sickness; that she had complained frequently of intense pain in her head, and that a "mark" (whether a depression or a node I cannot state, as I have not seen it, she being now away, and I not knowing it at the time) can be seen on her head. Doubtless this was the exciting cause, and pregnancy the predisposing. I saw a case somewhat similar about two years ago, with the exception that there were but three convulsions, no abortion, about the same time for speech returning, and slight dementia following. This was produced by falling down a pair of stone steps and striking the head against a stone, producing a depressed fracture of the skull.

The third case occurred in the practice of a brother practitioner, on the 1st of March, 1871. On my arrival I found a primipara at full term, labor far advanced, the os uteri being fully dilated, the membranes ruptured, and the head low down in the pelvis. The doctor had bled her and administered bromide of potassium, without controlling the convulsions. She had then had four or five. As labor was expected to terminate naturally every moment, interference was thought best to be postponed for a short time. About half an hour passed by, and another convulsion came on and we decided to deliver her immediately with the forceps. While she was yet in the state of coma I applied the forceps and delivered her of a living child. This was the last convulsion. Both mother and child, I afterward learned, did well.

This, as well as the following case, was produced from nervous irritation, and excited by powerful uterine contractions. Five days after the preceding case I was called to see a stout German woman in her fourth confinement. Labor pains had been felt for about twenty-four hours, and for the last two or three had increased in force and frequency. She had had two or three slight convulsions before



my arrival; and it was for these in fact that I was sent for, as I was told by a woman who was waiting on her, and who was desiring to officiate as midwife. I made a digital examination, and found the os uteri dilated so as to admit the end of the index finger. Through the uterine contractions, pressure of the finger against the os uteri, and rupturing the membranes, the os speedily dilated and delivery was accomplished in about two hours. One twenty-grain dose of bromide of potass. was given about half an hour before delivery. She had five or six convulsions after my arrival and none after delivery. Venesection was not performed. Both mother and child did well.

#### SPOTTED FEVER.

By I. N. SNIVELY, M. D.,

Of Waynesboro, Pa.

Susan Nichols, æt. six years, took ill suddenly on Wednesday, April 5th, 1871, at 11½ o'clock, A. M., complaining with cephalalgia, languor and pain in her neck. At 1 o'clock P. M., she took a chill, which was followed with fever and chills, alternating until 4 o'clock P. M. when she was thrown into a violent convulsion, which lasted half an hour. She grew quite cold and was much prostrated. After reaction took place fever increased until 5 o'clock P. M., when she took a second convulsion, which lasted an hour, and she was thought dying. Reaction again took place slowly, which was followed by stupor and tonic contraction of the muscles of the neck and back, causing retraction of the head, and slight opisthotonos. The family physician, Dr. BARRACK, of Sabillasville, Maryland, was sent for, but could not attend on account of prior engagements, and I was unable to see her until 11 o'clock P. M., when I found her in the above condition, with contraction of one, and dilatation of the other pupil. The conjunctiva injected—great restlessness and subsultus tendinum; the pulse small, frequent and irregular; skin moist and not very hot; respiration frequent and irregular, interrupted by sighs; the tongue coated and dry. I used dry cups to the nape of the neck, cold applications to the head, and warmth to the feet. Turpentine was freely rubbed all along the spine. The following was prescribed:

R. Potass bromid. gr. v.  
Comp. tinct. verat vir., gr. j.  
Alternate with

R. Podophyllin, gr. ½.  
Leptandrin, gr. ½.  
Potass. bitartrat, grs. ij.

Every two hours, until the bowels be freely moved.

Thursday, 6th, 10 o'clock A. M.—Less fever; bowels constipated; petechial spots, from the size of a pin's head to that of half an inch in breadth, all over the body. The case looks unfavorable. I ordered free ventilation and the use of disinfectants, to prevent the disease from spreading, and all children to be kept away. The same treatment was continued; there being no action on the bowels in the evening, two tablespoonfuls of castor oil were ordered, which brought about free catharsis during the night.

Friday, 7th, 10 o'clock A. M.—There being great restlessness last night I gave two five grain doses of pulvis Doveri, which procured my little sufferer a quiet sleep in the after part of the night, from which she awoke quite rational this morning, with impaired hearing and entire loss of sight. Consciousness lasted only an hour, when she again relapsed into a stupor. The cups were reapplied, and turpentine freely rubbed all along the spine, and more purgation of black matter resembling tar, which seems to have been locked up in the upper bowels.

Saturday, 8th.—This morning there was again a remission, and my patient gained force and volume of the circulation; tongue cleaning. She takes milk and animal broths for nourishment. The head still continues retracted; cups reapplied, and turpentine applications along the spine continued.

Sunday, 8th.—Improvement goes on; the same treatment continued. This morning Jacob (the only child about the house, the rest of the children having been sent away), æt. 8 years, is taken suddenly with vomiting, pain in the head and neck, and hyperæsthesia of the entire surface of his body, rendering the slightest contact a source of great suffering. Chills and fever alternating; skin dry; tongue dry and heavily coated; respiration hurried; great restlessness and convulsive movements of many of the muscles; petechial spots beginning to show over the entire body, even on the cornea of the eyes. Symptoms very grave from the beginning. Prescribed the same treatment as for his sister, with the addition of enemata to hurry the action of the purgative medicine.

Monday, 10th.—Susan is rapidly recovering;

Jacob is more prostrated, and no action on his bowels has been produced; pulse, 160 per minute. He is in a profound stupor. The potass. bromid. controls the nervous symptoms, and the twitching of his muscles has ceased. Treatment continued.

Tuesday, 11th.—Yesterday afternoon Dr. Barrack called in to see my patient and ordered three large doses of calomel, which were followed by castor oil, with very little effect upon the bowels; not any I fear on the upper bowel, as there was none of that tar-like matter passed which was passed from his sister. At 11 o'clock P. M. he died.

Wednesday, 12th.—Convalescence is fully established with Susan. I dismissed her with her hearing somewhat impaired, but with full restoration of her sight. The following was prescribed during convalescence.

R. Potass. bromid,	gr. v.
Tinc. ferri. chloridi,	gtt. viij.
Every three hours.	

April 19th.—Susan has fully recovered.

These cases occurred on the summit of the South Mountain, in Germantown, Md., along the line of the Western Maryland RR., which is new in process of construction, in as healthy a locality, no doubt, as there is in the world. Samuel Nichols, the father of these children, lives in a small one-story house, 16 by 20 feet. The inmates consisted of thirteen—six members of his own family and seven Irish boarders, workmen on the railroad, who also lodged there. Dr. Barrack informs me that about four weeks before these cases occurred, a hale young Irish woman was taken ill suddenly in one of the railroad shanties, a short distance from this house, and died on the ninth day. The physicians in attendance pronounced this case brain fever, having reference, no doubt, to acute cerebral meningitis. Mrs. Nichols saw her during her illness, and says she was full of spots all over her body, and had her head drawn back, like her children. This statement was corroborated by Dr. Barrack, who saw her just before death, and says he is satisfied she labored under the same disease as these children, from the effects of which she died. I am satisfied spotted fever, or cerebro-spinal meningitis, is propagated by contagion or infection, very much like typhus, and the specific cause can generally be traced to overcrowding, imperfect ventilation, etc. Children seem especially liable to attack.

During the war I had an opportunity of see-

ing a number of cases in and about Chambersburg, Pa. The disease first broke out in the lowest and dampest portion of Camp Slifer. The first case occurred in a private family in Chambersburg; the subject was a little girl that had visited the camp with a basketful of dainties for the soldiers, and absorbed some of the specific poison, which destroyed her life inside of 48 hours. She was a patient of my late partner, Dr. J. C. RICHARDS, of that place, with whom I had the honor of seeing this and many other cases afterward. A short time after this little girl took ill, some half dozen, strong, healthy soldiers fell victims to this fatal malady, and I am of opinion all died. A thorough cleansing of the camp and hospital, and the free use of disinfectants, prevented a general epidemic of the disease. Quite a number of children, however, in different parts of the town, were attacked, and nearly all died or were left with general impairment of the functions.

#### SCALDS AND BURNS.

By A. D. BINKERD, M. D.,

Of Parker's Landing, Pa.

The writer having on two occasions in THE REPORTER, spoken in somewhat laudatory terms of a preparation compounded and used by him in dressing burns, now takes pleasure in placing before your readers a cut from a photograph of Raymond Suttlemyer, a boy thirteen years old, who was severely burnt by an explosion of gas at a new well near Bear Creek, on the 15th of March of the current year.

Surgical aid was summoned at once, and the usual dressings, carbonate of lead, carron oil, lime water and linseed oil, raw cotton, etc., promptly applied. The usual therapeutic value of these several remedies was manifest.

The case being one of unusual severity, fell into my hands on the fourth day after the accident. I found the patient so swollen that he had not seen light for three days, full of tortures and constitutional disturbance. The hands were completely flayed from the wrists to the finger tips, and on removing the crisp superficial fascia, holes appeared in the areolar tissue exposing the muscles. The forehead, eyes, nose, lips, cheeks, chin, neck and ears, were thoroughly cooked, and sloughed away in heavy masses.

The patient complained not only of the pain

but also of the offensiveness of the dressing and the stiff unwieldiness of the parts to which the lead had been applied.

These are the best reasons why such remedies should be discarded. The smell of a burn undergoing the sloughing process is offensive enough at best, and I see no propriety in nauseating the patient by adding carron oil. This, together with lime-water and oil are so provokingly nasty that they are deservedly going into desuetude.

Whatever excellence may be claimed for the carbonate of lead as a dressing for burns it must be materially diminished when we take into account its unsightly lack of tidiness and the difficulty of removal from parts covered with hair adjacent to the wound. It is a slovenly dressing, wherefore we discard it altogether.

In our modicum of experience with burns in this oil country, we have found the following course of treatment to be productive of most satisfactory results. Glycerine and carbolic acid, one to three drops of the latter to an ounce of the former, carded cotton and a moderately firm roller, for two or three days, or until sloughing has begun. Cleaning the part thoroughly twice a day with tepid soft water and a fine brush. This should not be trusted wholly to the nurse. We generally do it once a day ourself in presence of the nurse, who is expected to improve by example rather than by precept. "Wax and ile" on patent lint, cut in small pieces and neatly applied with roller bandage have, in our hands, done all that is claimed for them. Of course anodynes and astringents, as per formula, must be varied to suit the nature of the case. Constitutional treatment must by no means be neglected. We insist upon cleanliness.

The case of Suttlemyer was photographed nine weeks after the accident. Although the entire skin was removed from his lips, nose, eyes, ears, cheeks, neck and forehead, so far as uncovered, there is but little mark, and no deformity. The ears are always longest in healing. This must be due to lack of warmth in the parts when circulation is partially arrested. This patient has complete use of one of his hands, while he can only partly close the other. So far there is no distortion from drawing of the inodular tissue.

[The photograph reveals no perceptible deformity, so we have not reproduced it.—Ede. REPORTER.]

## HOSPITAL REPORTS.

### UNIVERSITY OF PENNSYLVANIA.

Service of Dr. J. E. GARRETTSON, Lecturer on Surgical Disease of the Mouth.

April 22, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

#### Resections of Inferior Maxilla.

GENTLEMEN: I propose this morning to illustrate the subject of the removal of portions of the inferior maxillary bone, by various cases which have presented themselves at our clinic for relief, and during the hour, while they are being successfully etherized, I may be able, though disconnectedly, to give you a little lesson upon the various diseases requiring such operation.

CASE I.—Is this woman, W. G., *et.* 50 years, who came to us with the growth which you perceive upon her gum, at the position of the left inferior first bicuspid. It commenced as a small ulcer some two years since, but from neglect has been allowed to progress until now the alveolar process is implicated. This ulcer has been treated at different times, but, as my probe clearly reveals, the bone has now become markedly carious, and further attempts at cure will be futile unless we remove all traces of the disease.

From the appearance and history, I am convinced that this is an epitheliomatous growth. It is "epulis," according to some writers, yet you will remember that epulis is not with us a distinctive malady, for we do not use that word as a noun-substantive, but merely as an adjective. We recognize no epulides, but we use the term to describe the anatomical location of a disease, not to denote its pathological character. Epulo-fibroid, epulo-cartilaginous, epulo-carcinomatous, and epulo-epitheliomatous tumors we prefer to say, since epulis itself, *epioulon*, means simply "upon the gums," and anything situated upon the gums is therefore epulis (*vid.* REPORTER, Aug. 13, 1870). This growth we call, then, epulo-epithelioma, and, realizing, as we do, that although epithelioma is at first a local disease, yet we know it may become constitutional and destroy life. Thorough removal, then, is our advice, and this should be done so completely as to leave no traces of diseased structure. The section required will probably include the alveolar process of the tooth above mentioned, together with that of the second bicuspid and canine, with possibly the second incisor. Its depth will depend upon the condition of the bone, since we must be guided entirely by this. Healthy bone, as you know, is easily distinguished by its fresh, white appearance, studded with numerous red vascular points, while its periosteum is smooth and intact. This section

can be easily made after removing the three or four teeth by a pair of short forceps cutting directly through the bone at the two ends of the intended section, and then either using a small Hay's saw to make the horizontal cut, or a pair of cutting forceps with the blades placed at right angles to the handles.

There is no need of any external incision, but the soft parts will be freely dissected from the bone before the forceps are used. The dressing required will be almost nothing, since wounds in the mouth are apt to heal comfortably and satisfactorily, the saliva being not irritating but beneficial. If there is any bleeding, plugs of lint saturated in alum water will speedily arrest it, and a slight astringent wash, will be the utmost that will ever be required.

[Operation performed. The hemorrhage was but slight, and soon ceased voluntarily.—DeF. W.]

This is one of the diseases, gentlemen, which demand the removal of this bone; but there are many other causes which compel a similar procedure. All carcinomatous growths of the jaws, for instance, should be thus dealt with, provided it is advisable to interfere with them at all, a fact which must be carefully weighed by the surgeon in each individual case. Malignant growths will frequently present themselves to your notice in this as in other parts of the body, and it will sometimes be a difficult question for you to decide whether life will be prolonged or comfort enhanced by an operation. Study your cases, gentlemen; obtain all the knowledge possible from books, teachers, clinics, and all other sources, but learn to be independent thinkers—learn to use the faculties with which God has endowed you, then you will become truly useful, and will yourself recognize it. Because one scirrhous breast is removed,—because one cancerous jaw is resected, do not conclude that all are to be similarly treated. While you are physicians be also philosophers.

In cases of epithelioma there can seldom be a doubt as to the course to be pursued when the disease is seen in its early stages; and here let me advise you never to allow your patients to delay such a procedure for a month, or even a week, if circumstances are favorable, for it is not within our knowledge to say the moment at which constitutional contamination is to occur. Numerous cases have come under my observation where persons have lost their lives simply by neglect of this injunction.

In all resections of the jaw be thorough in the removal of all parts, even well outside the disease; yet at the same time pay attention to the after comfort and appearance of your patient. For instance: a young lady came to my office, some years since, with an epulo-fibrous tumor, occupying the lower jaw, which I immediately saw was of the recurrent

type. Wishing, however, to spare all needless deformity, I advised her to have simply the alveolar border resected, with the distinct understanding, however, that there might be a return of the difficulty. In the event of such return I showed her that a second operation could be performed which would still preserve the contour of her features, by leaving simply the rim of bone along the base of the jaw, and should further trouble arise, a complete section could then be made. Several surgeons had advised complete removal at once, but I felt justified in the course advised, by the fact that life was not in immediate danger, and the major operation was at any moment available.

I performed the first section and it was not a success, the disease soon reappearing, and again I was most strongly urged to make a complete resection; yet I remained firm to my first convictions of right, and performed the second, leaving a complete rim of bone along the base, and this time I was gratified to find that I had not only removed the disease (there having since been no tendency to return), but had also saved her attractive face. Spare the features, then, when possible, but do not do so when it interferes in any way with safety.

Simple and compound cysts, osseous tumors and exostoses may all become causes which will compel you to remove portions of this bone.

These osteomata are not common; but when situated upon so prominent a portion of the body will demand relief. Upon the teeth themselves we sometimes find true Ivory exostoses (Odontoma, Virchow.—DeF. W.); but these are quite rare, and will but seldom demand removal of more than a small portion of the adjoining alveolar process. These Ivory exostoses, consisting of compact bony tissue, with Haversian canals and true lamellar systems, may, however, develop in the bone itself.

Giant-celled sarcomata are also found in the lower jaw, but their removal is of doubtful propriety.

Cartilaginous tumors, when invading the jaw, usually affect the bone in its entire extent, and are rapid in their growth, tending to quick destruction of all the surrounding parts, although LEBERT mentions a case (*Abhandlungen*, p. 197) where DIEFFENBACH removed such a tumor by three operations and the patient recovered.

I have now to show you—

CASE II.—Who presents herself with a small tumor upon the right alveolar process of the lower jaw, at the canine tooth, which is variable in its size, being sometimes large and dense, while again it is soft and flaccid. This I can only attribute to its being an erectile growth, analogous to the naevi, and such it truly is—an epulo-erectile tumor. I believe it to be associated with the periosteum, and my probe reveals the fact that the underlying bone



is also diseased. I shall, therefore, resect this and the adjoining alveolar process, using the cutting forceps to accomplish it, after first dissecting off the tissues of the gum.

[Operation performed. The tumor was so small that there was no difficulty in working well outside its boundaries, and the bleeding, though considerable, was not at all troublesome.—D&F. W.]

CASE III.—Here is a woman who was before you last winter (*vid.* REPORTER, March 11, 1871, Case III), suffering from necrosis of the jaw, consequent upon neglected alveolar abscess. As I then told you, we had little to do but to support the system and endeavor to assist nature in the separation of the bone slough. This, you will remember, we proposed to do by the injection of stimulating materials, such as equal parts of tinct. iodine and tinct. capsic. comp., and afterward by an injection of acid. sulph., one part to seven of water, as recommended by Pollock and others. In regard to this sulphuric acid treatment, although you have seen me use it before the class, yet I am undecided as to its utility. I do not condemn it, neither can I heartily give it my support, since any remedy in such a slow operation as is the separation or decomposition of a sequestrum, should be tried before its true merits or demerits may be recognized. Nature does so much herself that we must be guarded in our statements as to the assistance which we render. Because one case recovers or does well under a certain form of treatment proves nothing,—it is only as the testimony of one witness needing further corroboration.

To the above measures we have added tonics, good food and stimulants, as well as the attempt to save such portions of the bone as might be partially dead, by stripping off the periosteum in advance of the disease by means of little tents of cotton or sponge, thus saving the osteo-genic powers, but all these have been unsuccessful.

You have become familiar with all the different steps of the treatment, as she has been repeatedly before you, and you will remember that she has never presented that robust, healthy appearance which would have been favorable to an arrest of this death of the bone. Some two months ago you will remember that I found a large sequestrum lying in the tissues, which was removed by an internal incision, and proved to be the entire ramus, save the coronoid and condyloid processes. That this was not all the necrosed bone is proven by the characteristic pouting test-like prominences which you see at the orifices of these pus discharging sinuses, and this same fact is also made evident by the probe. The entire remaining portion of that side (the right) is dead, and is now only a foreign body, increasing drain and enfeebling the patient.

In regard to resection of this bone for necrosis

you have heard me express my views, especially in regard to phosphor-necrosis, since the bone is often in that porous, spongy condition that the remaining portion easily absorbs deleterious materials, and pyemia is the fatal termination of many cases. In the present case, however, the ramus is already taken away, and the only remaining portion is that from the angle to the symphysis, so that the above danger is therefore lessened.

I have been hoping to save some portion of this jaw, but now find it impossible, and propose to-day to remove all the portion alluded to. This will make a resection of considerable magnitude, and will necessitate, because of peculiarities in this case, an external incision from the centre of the lower lip to the point of the chin, and thence along beneath the bone of the jaw as far as the angle; I am afraid to risk the *cul de sac* which would result from an internal operation. In regard to external incisions upon the face, I would advise you, gentlemen, to spare the resulting prominent marks which must necessarily be permanent, provided you can do it without interference with the success of the operation and safety of your patient. The use of a mouth stretcher will render it possible to perform many resections without any division of the skin, but when the section is large I would not oppose you in exposing the parts, particularly in cases like this one, when pus-poisoning is the great danger to be apprehended. If you are careful in the approximation and adjustment of your wound, a union may be secured so rapid and perfect that the resulting scar will be insignificant. Safety and freedom, must be your first guide; appearance the second.

In removing a jaw by external section, you must bear in mind its anatomical relations, and endeavor to do as little damage as possible to the surrounding structures. If your incision is carried far back, you will probably divide the facial artery, but a ligature will easily prevent annoying hemorrhage. The inferior coronary and labial vessels will almost certainly be injured, but will not be troublesome. You must remember the submental and submaxillary arteries, and also, when the section is complete, the inferior dental since it will necessarily be divided at the point where it enters the posterior dental foramen.

Be careful also of the tongue, the sublingual artery and gland, and the submaxillary gland. Where complete resection is performed, much hemorrhage can be saved, and great benefit also derived by removing the jaw by the process of enucleation, *i. e.*, not cutting away the attached tissues, but raising the periosteum from the bone itself at the anterior portion, and inserting beneath it the handle of a scalpel, slowly tear it away throughout the whole extent. In this way an entire jaw can be removed with little danger, and you have also saved a struc-

ture which will be of incalculable benefit in the production of repair; in fact, in some cases we may expect that large portions of the jaw will be reproduced. This is an actual fact, and has been proven by a number of cases. Should the periosteum be diseased, however, then the retention would be detrimental, since it would be but the center for a reproduction of the malady.

When disarticulation is performed, this method is particularly to be followed as far as practicable, since the removal of coronoid and condyloid processes is certainly attended with considerable danger, by reason of the proximity of the internal carotid and maxillary arteries. If you cut the temporal muscle from its attachment upon the coronoid process the hemorrhage will be quite profuse, from the muscular arteries entering its substance; and the same is true of the masseter and pterygoids, as they are severed from the ramus and neck. In disarticulating you will use but the point of the knife, carefully nicking first the external lateral ligament, then entering the joint through the capsule, and turning out the head of the bone, divide the internal lateral midway between its origin from the spine of the zygoid and its insertion just above the commencement of the mylo-hyoid groove, upon the inside of the dental foramen. The stylo-maxillary ligament, which comes down from the styloid process, to be inserted just behind the angle, will also need division. In this exarticulation of the condyle, however, I would advise you not to use the knife, since the internal maxillary artery is in immediate relationship and is a large vessel. A narrow gouge or blunt chisel is far preferable, since the periosteum can be thus detached with dispatch and safety. This accomplished upon either side, the bone is free and can be removed as a whole, as you see in this badly necrosed one which I now lay on the table before you, taken but a few days since from a young lady patient.

The bleeding arteries can readily be seized and tied, and venous hemorrhage checked by the pads of lint saturated in alum water, which you can immediately insert. These can remain in position for twenty-four hours, at which time they may be removed and fresh ones substituted if desirable, but care must be taken that none remain behind. Strict cleanliness is to be enforced by constant syringing with permanganate of potash, or other disinfectant. The external wounds are nicely approximated with hare-lip sutures about the border of the mouth, and simple interrupted silver sutures in other portions of the face. A few adhesive strips are loosely applied, and cold water dressings laid over the parts. The cure is usually speedy if erysipelas or other accident does not occur, and you will probably be surprised to find to what an extent nature will repair the deformity, especially when

the periosteum is saved, as I have before remarked. In a case, mentioned in my book on Oral Surgery, several years have now elapsed, and although the entire half of the lower jaw was lost, yet to-day the boy looks as though no such loss had ever occurred, his face being exactly as it was before the operation, while, as far as I can see, his mastication is about as good as ever, allowing for the loss of teeth upon that side.

In regard to the power of periosteum to reproduce new bone I think there is no doubt, if we can trust the experiments of OLLIER, DEMAQUAY and others, for from their statements not only may this be done, but bone may even be made to grow in an unaccustomed situation by transplantation of this membrane.

In reproduction after resection, it would seem as though the periosteum must be the only source of the callus-like material, yet GOODSIR, I believe, contends that periosteum cannot be detached from living bone without tearing away minute portions of bone with it, and that these are the points from which the generative process commences, rather than from the periosteum itself. BILLROTH also does not give to periosteum the exclusive bone-forming power. In fracture, he says that the new formation occurs in the medulla and Haversian canals of the bone, as well as in the periosteum, and consists at first of small round cells, which increase greatly in number, and infiltrate the tissues above mentioned. This neoplasia, he says, may ossify directly or may form cartilage, and subsequently undergo the process of ossification. Being formed by cell-infiltration of bone itself, it would seem certainly in cases of fracture to take from the periosteum the exclusive osteo-plastic rôle, and in support of this he remarks that were this not so there could be no development of the bone at points where tendons are inserted and the membrane is absent.

Even in normal growth, moreover, he says, that we may just as correctly regard the layer of young cells lying on the surface of the bone and extending into the Haversian canals, as belonging to the bone, as to the periosteum.

The substance produced in these cases of resection, as I have said, is still, I think, almost entirely from the periosteum, and therefore we should leave as much of it as possible.

In conclusion, then, gentlemen, let me say a word in relation to the tearing off of the periosteum in advance of a progressing necrosis, by means of inserted tents of sponge or cotton, which I mentioned in the early part of my lecture. It may be objected that we may thus extend the disease beyond the point which would have been reached had it been left to nature, and possibly this may be true in some cases, but when you feel sure that a cer-

tain amount must be lost, as, for instance, in phosphor-necrosis, where it is almost a rule that the bone will die back to the ramus, I think that the portion of the bone destined to necrose has its death materially advanced by this procedure, and will thus necessarily hasten the exfoliation and consequent drain.

Resections will not often be required at your hands for necrosis, since nature is usually able to separate the slough herself, provided good nourishment is furnished.

I shall use the saw in this case, although it is a treatment which you have never heard me recommend in necrosis, since I always prefer to wait for the line of demarkation; but I do it in this case because this line will not designate itself, and because without immediate relief this woman will, I am satisfied, die from the resulting irritation. She is worn out by the long drain, and I am brought to the point where the least of two evils is to be chosen.

Resection will be an operation quite often required for pulic and other tumors, and you should be ready and competent to perform it at any time, especially the smaller sections of the alveolar processes and anterior parts of the jaw.

[The operation was then commenced by making the incision as above described, and turning back the flap so that a free exposure was obtained. The soft parts were now freely dissected and a saw carried through the symphysis, when a strong pair of forceps lifted it easily from its bed without further labor, since the angle and ramus were already absent from the previous operation. The facial artery was not divided, and the only vessel requiring ligatures was the inferior labial. The parts were approximated most accurately, and the alum water dressings applied. There were no unfavorable symptoms, and the parts healed most kindly, both externally and internally, so that in two weeks all seemed well, and there was no discharge in either direction.—DE F. W.]

#### JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of Professor Gross.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

##### Keloid.

Josephine Bennett has lobular tumors, pendulous, firm and of hard consistence, hanging from the lobule of each ear. Her ears were pierced nine years ago, and three months after the operation these tumors appeared; she wore her ear-rings for five years, however, and then had the tumors removed; but they re-appeared in four months. They have now been growing for four years—the right one being half the larger, and the size of a horse-chestnut. These growths constitute what is known as keloid, and are fibro-plastic in their nature.

[This case, without being so hugely developed, is similar in its nature to the one successfully operated upon by Dr. F. F. MAURY, and reported in this journal of the dates of September 21th; November

5th, 12th, 19th, and 20th; December 3d, 1870.—R. M. T.]

##### Painful Subcutaneous Tubercle.

F. M. Stein, *et.* 39 years; 10 years ago first noticed accidentally a small lump half the size of a pea, which rolled about under the skin of the ball of the left thumb. It gave no pain, and increased slowly and painlessly to one-third its present volume up to three years ago, when it took on renewed action, and is now as large as a hickory nut. From this renewed start, up to the present, he suffers intermittent pain every half hour during and preceding wet weather. In good weather there is little or no suffering. The pain shoots up to the elbow along the radial side of the forearm. The tumor is exquisitely painful, but only locally—at metacarpophalangeal joint of thumb—on slight pressure. The tumor is elastic. Ten years ago this patient suffered from an attack of acute rheumatism in the left leg; it continued for six weeks, and he has suffered more or less during climatic changes ever since.

The growth is a painful, subcutaneous tubercle, generally situated, as its name implies, just below the skin, in the areolar or cellular tissue. It is usually connected with one or more nervous filaments, slightly enlarged, and condensed cellulofibrous or fibro-cartilaginous tissue.

[Chloroform was now administered and the tumor dissected out. It was contained in a kind of capsule, evidently formed from the surrounding cellular tissue; and looked like a young testicle, being firm and dense without and vascular within.—R. M. T.]

##### Extensive Eczema.

Alfred Stinger, *et.* 10 months, has his whole body covered by an extensive exzematous eruption; is emaciated to the very last degree, and his skin itches and abounds in cracks, fissures and suppurating surfaces. The child is atrophied and looks like an old man. It has suffered since it was two months old, but still eats well, and does not cry much. All the hair of the scalp, eyelashes, and eyebrows are gone. This is a bad case, and the prognosis couldn't be worse.

The child was ordered.

R. Tinc. ferri chlor.,	gtt. ij.
Liq. potass. arsenit's,	gtt. j.
Hydrarg. chlor. corror.,	gr. 1-24.

In solution, four times in 24 hours.

Also, to anoint the whole body with the oxide of zinc ointment twice in the twenty-four hours, to give the child two drops of laudanum when in pain, and a teaspoonful of brandy twice daily.

May 31st.—The child returns to the clinic greatly improved, but still withered and cronish looking. Disorders of the child's digestive apparatus was undoubtedly—originally—the cause of the present trouble. The most intimate sympathy exists between the cutaneous and mucous surfaces, and we know that under favoring circumstances one un-

dergoes change into the other, and extensive disease of the one arouses morbid action in the other. In this case improved digestion keeps pace with the improved condition of the skin, and *vice versa*.

[June 3d.—This child again presents itself to-day at the clinic of Dr. S. W. Gross. A back view of the child was exhibited, and here the disease had much the appearance of ichthyosis. The oxide of zinc was ordered to be discontinued and the whole body of the child anointed with cod-liver oil, rubbed on lightly with the hand four or five times daily.

The child was also directed to have the one-third of a teaspoonful of grated lean fresh beef, sweetened with sugar. The lecturer stated that in wasting diseases of children, such as diarrhoea, no diet was so good —R. M. T.]

#### Very Chronic Atrophic Scirrhus of the Breast.

Mrs. F. McK., æt. 56 years; mother of seven children, the youngest of whom is 27 years old; when 20 years of age had an abscess form in the breast, after parturition, which left a lump. She does not remember when the present tumor of the breast began, but it was probably ten years ago. She noticed the axillary enlargement at the same time, in the size of which at present there is no appreciable difference. Mrs. McK. has no hereditary taint; she ceased to menstruate at 40 years; never had uterine disease, and with the exception of dyspepsia has had general good health.

The breast is the occasional seat of smarting pains, lasting a few moments. The axillary and glandular enlargements were first accidentally noticed from the skin over these parts itching. The lymphatic glands in both supra-clavicular fossæ seem slightly enlarged.

The affected breast can be roughly handled without giving rise to pain; it is nodular, being dense, inelastic; the entire gland is involved, and it is shrunken to one-sixth the volume of the opposite one, which is small and flabby. The nipple is red and buried in the mass like a papilla circumvallata of the tongue. The integuments about the nipple are of a lighter red color, and covered with dry crusts from superficial ulceration. The skin of the breast is puckered, with radiating lines toward the nipple. The gland is adherent only at its lower part or below the nipple, and the skin is adherent to the gland for the diameter of one inch around the nipple. The glands in the center of the axillary are enlarged to the size of a small pullet's egg, circumscribed and very hard, and adherent to the wall of the chest. They are sometimes the seat of a little stitch; but generally a burning, smarting pain, with itching, is present.

—Dr. RALPH M. TOWNSEND has been elected one of the visiting physicians to the Church Home for children, of this city, in place of Dr. F. F. MAURY, resigned.

## MEDICAL SOCIETIES.

### MEIGS AND MASON (OHIO) ACADEMY OF MEDICINE.

[A. L. Knight, M. D., President—T. Curtis Smith, M. D., Secretary.]

#### Discussion on the Use of the Forceps.

The Academy convened at Pomeroy, Ohio, May 18th, at 7 P. M., the President in the chair.

DR. C. A. BARLOW read a paper on the conditions requiring the use of the obstetric forceps. Passing by the history and various forms, modes of application, uses and abuses of forceps, his paper states: "That taking it for granted that every well-informed practitioner admits that, when dexterously used in judiciously selected cases, the forceps are among the indispensable equipments of the humane and successful accoucher. There are ten conditions requiring their use, viz.: 1. Inefficient action of the uterus or powerless labor; 2. Exhausted uterus; 3. Where the fetal head is larger or more solid from ossification than usual, or the pelvis narrowed below the average; 4. Pelvis narrowed at superior strait not to exceed 3 or 3½ inches; 5. Inferior strait contracted; 6. Face presentations; 7. Head arrested after body of fetus is delivered; 8. Hemorrhage, unavoidable or accidental; 9. Puerperal convulsions; 10. Tumors and accidents."

Cases bearing on or illustrating each head were given, and forceps directed to be applied with reference to the maternal pelvis without regard to position of fetal head. In the use of the forceps the pelvic curves should alone be considered, and no regard be paid to the position or the head. We mean the blades of the forceps should always be passed along the sides of the pelvis, with the curves of the forceps corresponding to the curves of the maternal pelvis, and never regarding the fetal head as other than a round body to be laid hold of by the forceps. In fact, in the large majority of cases the position of the head cannot be known or made out at the time when the forceps are demanded, because the head is tightly wedged in, the bones overlap, the integument is swollen, congested and infiltrated, entirely preventing a recognition of the fontanelles.

DR. C. R. REED agreed generally with the essayist; thought inertia and exhaustion practically the same as a cause for the use of the forceps; thought it hardly good practice to carry forceps in attending obstetric cases, but that they should be applied before mother or child were endangered by exhaustion or pressure. Had recently applied external pressure, as recommended by Dr. PLAYFAIR, of London, with advantage; thought it a good means of expediting labor, and would bring some difficult case to a good termination without forceps, when they would otherwise be required.



Dr. J. Q. A. HUDSON approved the paper. Thought a country practitioner should carry his forceps with him. The forceps should be used early, or not to allow exhaustion or an opportunity for vesico-vaginal or vagino-rectal fistula, to be produced as a consequence of pressure before resorting to them. Thought tonic contraction of the uterus from uses of ergot, when endangering the child, an indication for their use.

Dr. T. CURTIS SMITH, thought the essayist should have included three other conditions sometimes requiring use of forceps, viz.: Prolapse of funis, rupture of uterus, and impacted head, caused by chin parting from chest. Thought forceps were not used often as they should be; that a prejudice, professional or otherwise, too often prevailed against their use even in very proper cases. Was surprised at external pressure being a new thing when he saw Dr. Playfair's article; could not remember the time when he did not use it since commencing obstetric practice; was sure he had escaped the use of forceps in some cases by using external pressure. Was aware of no authority for it, but it seemed common sense to use it, and had done so for that reason only.

Dr. D. C. RATHBURN, Sr., agreed with others that forceps were not used often enough. Thought in his earlier years he had failed to use them, sometimes where required. Approved of applying them before mother or child were endangered. Cited SEEBOLD, of Germany, as applying them once in every labor; was astonished that external pressure should be considered new practice. Had used it for twenty-five years, and was instructed to do so by his lectures at college years ago.

Dr. BARLOW replied to Dr. Smith that he believed impaction caused by chin parting from chest to be an obstetrical myth. Thought no living man had ever seen such a thing.

Dr. TRAIN approved the paper; thought the forceps should be introduced and extracted strictly with reference to the pelvic curves, which should be the guide in their use, without regard to position of fetal head, and that they should be resorted to only after other means of delivery had failed; thought position not always easily made out.

Dr. HUDSON said position of head could nearly always be made out, even where there was thickening of scalp, etc., and attention should be paid to position of head in applying forceps as far as possible; thought the vectis too much neglected as an instrument of delivery, and to correct abnormal positions.

Dr. SMITH said the position should be made out, and that some reference should be had to the head, and the forceps applied over the sides of the head; that they were more easily applied over the sides and the fetus more readily extracted when thus applied, on account of assuming the shortest diameters,

and were less apt to injure mother or child; thought the forceps a safe instrument and easily managed by skillful hands.

Dr. REED observed that the correct position should be made out, not that we may apply forceps more easily, but that we may the more readily imitate nature in extracting the fetus. It is not always easy to lock the forceps. Sometimes, where one blade meets with resistance, it will assume its place during a contraction without the effort of the operator. Contrary to usual directions he had sometimes succeeded by using a little force of extraction or otherwise, when the forceps did not lock readily, but that they would afterward lock easily.

Dr. S. DAY, of Harrisonville, being called upon, stated that in 3,000 cases of labor he had never used the forceps; preferred to give plenty of time when necessary, and to use ergot. Thought instruments too much used; that he seldom lost mother or child without them, and preferred to give nature her strength, untrammelled by art, to the dangers of the forceps or instrumental delivery.

Dr. HOFF had seldom used the forceps, but approved of them in proper cases. Thought the mechanism of labor and forceps delivery should be well understood before attempting their use; believed they should be used to save the child, and care should be taken not to use much extractive force.

Dr. ACKLEY believed they were too seldom used; instead of injuring child or mother they often protected both, where only a proper degree of force was used. Did not think great force in extraction needful, but principally the lateral force, using the forceps as a lever; to assist nature must be the object of their use.

Dr. DAY, in reply to a question, said he never saw a case of exhausted uterus, and that ergot was his chief remedy in tedious labor, and where the contractions were inefficient.

Dr. BARLOW could not agree with Dr. D. Thought the forceps eminently proper in some cases, and that the suffering of the mother by long waiting often laid the foundation for many serious, and sometimes incurable ills, to say nothing of the life of the child; he considered a physician in these times hardly excusable to neglect the proper means of preventing all this serious trouble; did not believe the forceps a dangerous instrument.

Dr. SMITH could not understand how the gentleman had got along without instruments in some instances without losing mother and child. He had never lost a child or injured a mother by using them; thought instead of the forceps causing injury to the maternal parts or child, that more cases of sloughing were produced by long delay than by early resources to forceps; believed the forceps perfectly safe if properly used, and that they not

only saved very great and prolonged suffering to the mother, but very often saved the life of the child. If we fail to do this when possible we come short of duty.

Dr. REED could not see how the gentleman was going to save the child without forceps when there was prolapsed funis in cases where turning or reduction could not be effected, and yet labor rather slow; believed the forceps a safe instrument and of incalculable value in the hand of a skillful accoucher. In some cases much force was actually necessary to effect delivery, but must be properly applied, and in the direction of the pelvic curves.

Dr. HUDSON said cases of vesico and recto-vaginal fistula were caused by long delay; that they were afterward charged on the forceps.

Dr. KNIGHT said, in 1,000 cases he had never used the forceps, but heartily approved their use in proper cases; would have used them in some cases but they were not at hand, nor could be had in time. Could not see how the forceps diminished the diameters so as to more easily effect extraction, for compression or shortening of one diameter must produce lengthening of the other; especially would this be so if applied to the antero-posterior diameters of the head. Thought it would be well to consider this fact before using too much compression with the forceps.

Academy adjourned to meet in Middleport, Ohio, May 25th, at 7 o'clock P. M.

#### MIAMI (OHIO) MEDICAL ASSOCIATION.

[REPORTED BY J. W. HADLOCK, M. D.]

##### New Remedies.

BY H. A. LANGDON, M. D.

In these days, when such rapid strides have been made in physiology, pathology and kindred branches in medicine, a great effort is being put forth to improve our munitions of war, so that we may the more successfully grapple with and overcome disease in the various forms in which it presents itself.

As a result of this desire of modern therapeutics, for more reliable agents in the cure of disease, we find a continual longing and searching for "new remedies."

While this desire for "new agents" in the list of our dispensatory may be laudable to a certain extent those who seek for "specifics," display an amount, of ignorance pitiable to behold. They forget that disease is but the result of a cause, and that the resulting manifestations are not simple, but complex in their nature. Among this class we find those who, riding a hobby, treat every disease they meet with this or that, or the other "new remedy," as may be the fashion.

In the earlier days of carbolic acid, what wonder-

ful things were claimed for it! There were gentlemen in the profession who professed to cure not only typhoid fever, diphtheria, scarlatina, but all diseases having an origin in a septic cause. While all admit that carbolic acid has a wonderful power in destroying organic germs external to the body, there is no evidence that we have seen to prove that carbolic acid, as such, is absorbed and finds an entrance into the systemic circulation. In surgical practice, as a dressing to prevent suppuration, and to avoid purulent infection, and as an external application generally, in cases where indicated, it recommends itself as worthy of our confidence.

In the healing of wounds, when there has been a solution of continuity, we don't cure the wound, but having put the parts in proper apposition and removing all sources of external irritation (and organic germs are of this class) nature throws out her plastic lymph, which, becoming organized, restores the integrity of the parts.

At the risk of being considered heterodox, may we not ask, is it not the province of the true physician to assist the conservative power of nature to cure disease and the disorder it makes? No one thinks of finding an ointment which, if applied to a solution of continuity, would immediately restore the parts. Why seek for more when disease produces a lesion of structure and function in the body? It is but a few years since we were told to bleed—*plenorivo*—to knock the inflammation down, and then give a good round dose of opium to keep it down; yet at the same time we not only knocked the disease down, but the body it inhabited also. Now we endeavor to keep the body up and assist the powers of nature to expel disease.

Thus we see that one desire for something new has its origin in a mistaken view of disease, and savors somewhat of that ignorance shown by some of those with whom we meet in our rounds as physicians. How often it is we are sent for as physicians, and expected to administer some powerful dose that will cure the patient at once, as if by a miracle. Yet how seldom we succeed. Occasionally, when the exciting cause is evident, as from irritating ingesta, fecal accumulation, etc., which are more mechanical than vital in their nature, we may succeed, but the reverse is the general rule. 'Tis true that many, presuming on the ignorance of their patrons, profess to do wonderful things, and establish a doubtful reputation, but it only proves that this mistaken notion of our power as physicians is the soul and body of charlatanism and quackery.

But there is a laudable desire for new remedies, which seeks for agents wholly conducive to health in their action in the economy, and devoid of the parturative and noxious effects of many of the drugs in use at the present day.

Take opium for illustration: it is our reliable

agent for the control of pain; yet the immunity from pain is purchased at a sacrifice; the gastric irritation, intestinal and nervous derangement, tell us that it is a choice of the lesser of two evils. Now, the desire for a drug having all the good effects of opium, without its pernicious ones, is perfectly just and natural. Chloral hydrate, to a considerable degree, supplies this desire; but for the control of acute pain it is far inferior to opium. In our experience, chloral hydrate would take rank high in the list of antispasmodics, but would fall short of a place among narcotics with opium. This true we may often overcome this bad effect of our medicines by a combination—one agent modifying the effect of another—but in this case we are often left in doubt as to which is the curative agent. For instance, the noxious effects of opium, experienced by many peculiarly subject to its influence, may, in

a great measure, be avoided by giving the person one or two full doses of bromide of potassium before exhibiting the opium; yet, might not the indications have been fully met by our first remedy, rendering the use of the second useless?

In looking over the list of medicines presented to us as "new," in examining into the matter, we find most of them have been known to the profession for years, and that it was only because of our ignorance of their virtues that they were not brought into general use. This is especially true of bromide of potassium and chloral hydrate; and from this and other instances a reasonable doubt might be raised as to the necessity of adding to our remedial agents. A definite and more positive knowledge of the physiological and therapeutical action of the common drugs in general use would certainly be of far greater value.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Typho-Malarial Fever.

Dr. D. W. HAND read before the Ramsey County Medical Society, January, 1871, the following article, published in the *Northwestern Medical and Surgical Journal*:

Under this name, I believe, we should class the fever which has been so prevalent in St. Paul the past six months.

Its malarial character is shown in the time of its appearance, the middle of July, after an unusual and sun-heated term; and its gradual subsidence, now that cold weather has set in, in its remittent form, which was observed in nearly every case, and in the bilious character of the diarrhoea which generally occurred, while it differed from ordinary remittent fever in exhibiting typhus symptoms from the beginning.

From typhoid fever it was distinguished by its marked remittent form; by the mildness or absence of delirium; by the slight amount of irritation in the small intestines, the diarrhoea not being troublesome, and the tympanitis usually slight, while hemorrhage from the bowels was exceedingly rare; by the moist, white tongue; by the absence of pain or soreness over the spleen; and by the early period at which convalescence frequently began.

This fever first appeared about the middle of July, and has continued until the present time, its character becoming more severe as the weather turned cold, while the number of cases has steadily decreased.

The symptoms at first were much like that of typhoid fever. The chill was often not noticed, and the first attention would be called to a total loss of appetite, with sudden and remarkable loss of strength; a violent pain in the head, and a decided fever in the afternoon and evening. There was generally a tendency to diarrhoea of a bilious character, although in some cases the bowels were constipated and did not yield readily to cathartics. The tongue, which was pale and broad, usually remained moist and coated with a white fur throughout the disease; the stomach was generally irritable, and in many cases there was distressing vomiting; the pulse did not run high, nor was it commonly very feeble; in most cases it was from 90 to 120; but in all cases the temperature was surprisingly increased; this varied from  $102^{\circ}$  to  $105\frac{1}{2}^{\circ}$ , most cases remaining about  $104^{\circ}$  to  $105^{\circ}$  for a week or ten days; the morning temperature was usually  $1^{\circ}$  to  $1\frac{1}{2}^{\circ}$  lower than that of the evening. During the first three or four days the throat would be sore, sometimes showing a diphtheritic exudation; and in a few cases a rash appeared during the first week, that looked like measles. In this early period also the nose was seen to bleed, the hearing became impaired, and in women the menstrual flow would appear before its time.

In the second week a bronchial cough invariably appeared, and there was generally some tenderness over the abdomen, although it was rare to have much tympanitis, and the diarrhoea, if present, was usually easily controlled. Sordes was not often noticed on the gums, and it was rare for the tongue to become dry or rough. Nervous symptoms were not promi-

nent, the headache passed off after the first four or five days, and the mind usually remained clear, although the patient was frequently rather dull, and the countenance heavy, while a bright red flush appeared on the cheeks. Delirium, if it occurred, was quite mild. Rose colored spots were seen in very few cases, although carefully watched for; while sudamina were quite common in the second week. The urine was copious, and in most cases natural; no case of retention came to my knowledge.

Convalescence frequently began in the first or second week, although usually the fever lasted about three weeks. During convalescence profuse night sweats were common.

*Treatment.*—It was found that quinine, as an anti-periodic, was useless; as a tonic and stimulant, however, it was useful; and the treatment found best adapted to most of these cases was quinine, one grain twice a day; dilute hydrochloric acid, 10 to 20 drops every four to six hours; with an opiate at night to produce sleep and control the diarrhoea.

The necessity of keeping up nutrition by milk, beef tea, oat-meal or flour gruel, etc., was constantly insisted on, and was really the most important part of the treatment. Stimulants were rarely required.

The fatality has not been great; the fever has been wide spread; and in my own practice I have seen at least one hundred cases since the 10th of July last, with only three deaths. Had this been typhoid fever, I should certainly not have been so fortunate. Unfortunately, no *post-mortem* examinations have been made, and we are unable to state positively that Peyer's glands were not inflamed.

The reports of the health officer in this city show only five deaths in all from this fever, but I presume one-half at least of the deaths reported from "typhoid fever," should be placed to its account.

Occasional cases of this fever, as well as of ordinary remittent fever, have been seen here nearly every autumn, but this is the first time in my thirteen years' experience in St. Paul, that it has been epidemic.

#### Carbolic Acid in Vascular Keratitis.

Dr. C. HIXON, formerly Professor of Ophthalmology in the College of Physicians and Surgeons Kansas City, Mo., relates the following case in the, *Chicago Medical Examiner*:

In medicine theories are of little value compared with well-attested facts. No one can from a process of reasoning say that any given agent will do so and so; consequently the remedial value of any given agent, simple or compound, must be discovered, if discovered at all, by the test of actual experimentation. These, among other considerations, led me to use carbolic acid in the treatment of the following case. I know of no case on record where this agent has been used in the treatment of this

disease, and it is as much to induce others to give it a trial as anything else that prompts me to report the case:

Mrs. G., *set.* 23, of delicate frame and rheumatic diathesis, came to consult me on the 1st of February last. She lives about twenty miles from this city, and has been under the care of a general practitioner who pays but little attention to the eye, and under whose treatment she was severely pythialised. This mercurial action, together with a lactation of fifteen months' duration, had rendered her extremely exsanguine and emaciated.

On examination I found the following: Moderate thickening of the palpebral conjunctiva, the ocular conjunctiva much more extensively involved—extreme vascular keratitis (the iris entirely hidden)—a large ulcer on the lower and outer half of the cornea, extending deep into the corneal laminae—great photophobia, it being impossible for the patient to open the eye herself—profuse lachrymation, with periods of great suffering from circumorbital neuralgia. The enlarged episcleral vessels and circumcorneal zone indicated iritis, with perhaps inflammation of other intraocular tissues, but the dense corneal opacity rendered an accurate diagnosis upon this point impossible, and could only be arrived at by rational symptoms.

Owing to her prostrated condition little else was attempted for four weeks than to repair the general health by tonics and good living, and at once removing the child from the breast. At the expiration of this time her general condition had materially improved, but no perceptible improvement in the eye except as to the pain, which she stated seemed not so severe. I now applied to the corneal ulcer a couple of drops of the solution of carbolic acid in glycerine, of the strength of sixty grains to the ounce of glycerine. This I had frequently used before in ulcers of the cornea that were indolent and very painful, and with the very best effect. I believe this practice originated with Dr. WILLIAMS, of Cincinnati. The immediate effect of the application was excruciating pain for a moment, and a complete whitening of the whole cavity of the ulcer from the coagulation of albumen. The day following I did the same, and continued to do so for three weeks, by which time the ulcer had entirely healed, when the acid was more sparingly applied. The pain on its application became less and less as the ulcer disappeared, and the cornea cleared up. So soon as the cornea became sufficiently transparent lateral illumination revealed partial occlusion of the pupil, and mydriatics discovered synechia posterior, which in time yielded to atropia, except at one point, which has so far resisted all efforts. The vascularity of the cornea has entirely disappeared, but of course a leucoma remains in the site of the ulcer.



The general treatment consisted of iron, nitric acid, and quinia, and to meet the rheumatic element in the case, the following was used :

R. Vin. colch. sem.,  
Ext. phytolac, fl., aa. f. ʒijss.  
Tinct. stramonium, f. ʒj.  
Tinct. aconit, fol., f. ʒss. M.

Sig.—A teaspoonful three times a day.

Under this treatment she made a rapid recovery. I report this case, believing it to be the first case where carbolic acid has been used in the treatment of vascular keratitis. If others have used it I am not aware of it, and should be happy to hear. I certainly shall continue to test its powers in similar cases.

#### Compound Presentation.

In presentation of the head with the hand or foot, Prof. R. COLEMAN recommends in the *Virginia Clinical Record* the following treatment :

The accoucheur should never be satisfied with ascertaining that the head presents, but should sweep with the finger the whole field of the os uteri, in order that he may positively determine that the head alone presents, and not the head with the hand, foot, or funis.

Timely information when these complications exist will lead to their speedy and easy correction, and thus save much subsequent trouble to the accoucheur, suffering to the mother, and danger to the child. Bearing in mind the possible occurrence of such complications, the doctor should be careful not to infer that there necessarily exists a presentation of the trunk, because he finds a hand in the vagina ; nor a presentation of the pelvis, because he discovers a foot, until he has ascertained that the head is not also presenting. Not much can be done toward a correction of the complication under consideration, until towards the close of the first, or the commencement of the second stage of labor. Before the head has passed the circle of the os uteri, the indication is, of course, by judiciously applied pressure, during the *absence of pain*, to replace the displaced limb, pushing it above the parietal protuberance, and holding it there until a pain comes on, and forces the head to monopolize the circle of the os uteri, thus effectually preventing the re-descent of the hand or foot.

This object is secured additionally, by rupturing at this time, if not previously ruptured, the bag of waters. If the head has passed the os uteri, then no effort should be made to replace the prolapsed part until the head approaches the inferior strait, when well applied pressure (that is, in the direction opposite to that of the displacing force, so that the part can be returned by reversing the order of its displacement,) will cause its ascent in the direction of the face, above the head, in the now distended

and elongated vaginal canal. We cannot interfere after the head has passed the os uteri, but is not yet about to engage in the inferior strait, for the simple reason that the prolapsed limb can not now be returned into the uterus, and any effort to accomplish this might lacerate the uterus, nor is there room enough as yet in the vagina for its return above the head. All that the practitioner can do under these circumstances is to carry the limb towards the temporal or malar region, so that it will engage with the shortest diameters of the fetal head. When the head is about to engage in the inferior strait, and the manœuvre for the return of the limb, above indicated, can not be accomplished, then if the head advances with each recurring pain, as sometimes happens when the head is small and the pelvis capacious, the case may be left to nature. If, however, there be no advance, and the child be still alive, the forceps should be applied, taking care that the blade be cautiously carried between the head and the prolapsed leg or arm, and the head brought down with its short diameters in apposition with the long diameters of the pelvis.

Should this procedure fail, or the child be dead, then the head should be perforated, and with its diameters thus reduced, it can be forced through the pelvis by the uterine contractions, or, if these prove inefficient, it can be drawn through either by the tractor, crochet, or blank hook, but better still, by the forceps applied as previously directed.

The foregoing directions are equally applicable whether the head be engaged with the arm or leg. There is, however, one material difference in the management of these respective complications. If the head has not passed the circle of the os uteri, and the leg or foot be engaged along with it, should efforts to return the prolapsed part be unsuccessful, then the accoucheur, by traction on the leg, and pushing up the head at the same time, can convert this case into a footling.

#### Styptic Wool.

The following is quoted from the *Lancet* by the *American Journal of Dental Science* :

Dr. EHLE, of Isny, in the interest of his countrymen wounded in the present war, desires to make known a very simple preparation of wool that he has found very serviceable in arresting hemorrhage after operations or from wounds. To prepare it he boils the finest carded wool for half an hour or an hour in a solution containing four per cent. of soda, then thoroughly washes it out in cool spring water, wrings and dries it. The wool is thus effectually purified, and is now capable of imbibing fluids uniformly. It is then to be dipped two or three times in fluid chloride of iron diluted with one-third of water, expressed and dried in a draught of air, but not in the sun or with high heat ; finally it is carded

out. Thus prepared, it is of a beautiful yellow color, and feels like ordinary dry cotton-wool. As it is highly hygroscopic, it must be kept dry, and when required to be transported must be packed in caoutchouc or bladder. Charpie may be prepared in a similar manner, but on account of its coarse texture, is not so effective as cotton wool, presenting a less surface for coagulation. When the wool is placed on a bleeding wound, it induces moderate contraction of the tissue, coagulation of the blood that has escaped, and subsequently coagulation of the blood that is contained within the injured vessels, and thus arrests the hemorrhage. The coagulating power of the chloride of iron is clearly exalted by the extension of its surface that is in this way effected. The application of the prepared wool is not particularly painful, whilst, by sucking up the superfluous discharge and preventing its decomposition, it seems to operate favorably on the progress of the wound. The unpleasant secondary results that have led many practical surgeons to discard the use of the perchloride of iron do not occur with the wool when it is properly made and applied. In cases of wounds where the bleeding proceeds from large and deep-seated vessels, it may be used as a compress, a bandage being applied over it, or the wound may be plugged with it. It may also be employed with advantage in cases of profuse suppuration, to imbibes the discharge and purify the surface. He recommends that a small portion should be given to every soldier on going into action.

#### Tuba (Roots.

The roots of a plant known in Borneo by the name of Tuba or Tooba, are reported to be much valued in that country for destroying vermin on plants or animals. They are thrown into water and allowed to stand a short time, after which the plants or animals are washed with the water. Europeans who have used it say that its effects are sure and instant, and that while fatal to insect life, it does not in the least degree injure the plants or animals to which it is applied. The roots are used when fresh, and evidently lose their properties by drying, as a decoction which had been prepared from some roots received in the dry state has been applied to some plants infested with vermin without the slightest effect. The roots are also constantly used by the natives for poisoning fish in streams and pools. The plant is said to be leguminous.

#### Will Snake Poison Kill a Snake?

Dr. FAYRER, in India, has been experimenting to correct the popular error that a snake cannot kill a snake. He took a young and very lively cobra, fourteen inches long, and which was bitten in the

muscular part of the body by a krait forty-eight inches long. The krait had not bitten for some days before. From a detailed report by Dr. Fayrer, it appears that the cobra was bitten at 12:40 P. M. At 1 P. M. it was very sluggish, at 1:3 P. M. so sluggish that it moved with difficulty, could easily be handled, and made no effort at resistance. At 1:20 it was apparently dying, and its movements were scarcely perceptible, and at 1:22 it died, thirty-two minutes after the attack. Dr. Fayrer has found that the water-snakes of India are deadly poisonous. In the Bay of Bengal they swarm, and it is noted as ominous that lately it was proposed to erect a sea-bathing establishment for Calcutta at Barwar, under the assurance that there were no sharks. It is remarked that sharks need not be noticed when a bather may have deadly water-snakes swimming after him.

## Reviews and Book Notices.

### NOTES ON BOOKS.

In the first number of the *Zeitschrift für Ethnologie* of this year, is a very valuable list of works bearing on Mr. Darwin's theories, compiled by Spengel, which occupies twelve closely printed octavo pages. First comes a list of translations into German of "The Origin of Species," of "Fertilization of Orchids," and of "Variation of Animals and Plants;" next, forty-three original German works, criticising and carrying out the Darwinian theory. These are followed by about an equal number of books which refer to the same subject incidentally, though sometimes at considerable length. Among these we find Kupffer's "Essay on the Relation of Vertebrata to Ascidiæ," Von Baer's lectures, Carus' "Natur und Idee," and Rüttimeyer's "Herkunft unserer Thierwelt." The fourth list a most valuable one of reviews, magazine articles, and other scattered papers published in Germany on Natural Selection and the Descent of Man. Books devoted to the latter subject are next enumerated separately; and then translations into German of the kindred writings of Huxley, Lyell, Wallace, Agassiz, and Bates. Last comes a classified catalogue of all the works on Darwinism which have been published outside of Germany, in England, France, Holland and Italy. This list may be advantageously compared with that given by Mr. Darwin himself, in the fifth edition of the "Origin of Species." It will be invaluable to every student of the theory of evolution, and is a remarkable proof of the amount of scientific thought and work (as well as of some that is not scientific) which the great naturalist's writings have called forth.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 17, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## SUBJECTS FOR THOUGHT.

The editors of American medical journals have formed an association which meets at the same time and place as the American Medical Association. This year in San Francisco some questions for its consideration were submitted, which deserve careful thought from all concerned. The more prominent are the following, which, if decided in the affirmative, it is to be presumed that each editor is expected to give his influence in supporting:

Shall the formation of a National Medical School be recommended?

Shall a National Medical Journal be established as the mouth-piece of the American Medical Association?

Shall a board of "general scrutineers" (whatever they may be) be formed?

Now, so far as our opinion goes, we feel constrained to oppose each and every one of these propositions, on the ground that if they could be carried out with success (which we very much doubt), they would result in a lasting injury to the profession at large.

The tendency to centralization is contrary to the spirit of our civil institutions, and rightly so, as it hampers individual development; yet these motions are all and each directly in favor of such a system. We want to see no national school arrogating to itself peculiar privileges, and laying claims to notice and distinction not founded on real excellence, but on a factitious and borrowed preëminence; we wish to see no medical journal put forth with any less real, however specious, claims than those derived from judicious editing and able contributions;

nor can we imagine any duties appertaining to "general scrutineers" which cannot very readily be dispensed with.

We doubt the need of such elaborate organization. Earnest, working, active men, who follow Carlyle's golden rule: "Do the duty which lies nearest you," who willingly sacrifice their own prejudices in order to get work done, who see clearly the labor to be performed and quietly set about it, who care less to put themselves in the foreground than to see facts accomplished, who speak little of themselves and always to the question—these are the men after all who deserve our admiration, and whom posterity will praise. They will work without the factitious stimulus of position, and the needless drag of feeble organizations.

We would rather see the Association of Medical Editors unite their strength in carrying out some much needed reform in state medicine, some valuable project in general hygiene—and there are many of them—than in discussing about national censors, national journals, or "general scrutineers."

## Notes and Comments.

## Pennsylvania Hospital.

It is to be regretted that the recent policy of the managers of this hospital, compelling the staff to instruct female students in medicine and surgery, has induced Professor AGNEW to resign his position as one of the surgeons to the institution. He has been so long identified with the teaching interests of Philadelphia, and as a *clinicien*, has been so eminently distinguished for his practicality and force, during his eighteen years of service in this and the Philadelphia hospitals, that the loss to the institution will be one which it can ill afford at the present time, especially in view of the fact of the large falling off in the attendance of students that has recently occurred. Both these results are evidently occasioned by the action of the contributors, deciding that those who gratuitously perform a large proportion of the work are not to be consulted upon the question of their own manner of teaching. Merchants may be and are admirably fitted for positions of trust and honor, but in the management of an hospital, who can be so thoroughly and properly trained by the work of their daily lives as physicians? In our opinion not less than one-third of any hospital board should consist of medical men; and the staff are plainly the ones best qualified to speak authoritatively upon its needs and requirements. Compe-

tent men should alone be elected, and then they should feel that responsibility rests upon them. We are sorry that the Presbyterian Hospital, recently organized, did not consider this matter, and place upon its management a number of eminent hospital physicians rather than clergymen and others, who, though excellent men, yet are unacquainted with the practical actual needs of such a charity.

Fortunately for Philadelphia students, Prof. Agnew will continue clinical teaching at the University of Pennsylvania, which will now be uninterrupted save during the two warm summer months.

Dr. R. J. LEVIS, Surgeon to Will's Ophthalmic Hospital, and late one of the surgeons of the Philadelphia Hospital, has been elected to a similar position in this institution, *vice* Prof. D. Hayes Agnew, resigned. This is an excellent appointment, Dr. Levis being one of our most active and promising surgeons. But it is a pity that his talents as a teacher should be confined to so narrow a field as they are likely to be under existing circumstances.

#### Another Martyr.

Another physician, it will be noticed, has sacrificed his life in the cause of humanity. J. BURTON MUSTIN, M. D., while rendering gratuitous services to one of the patients of the University clinic, contaminated his system from an unhealthy discharging knee-joint, and finally died last week, after much suffering. He was a young man of great promise, and will be mourned by a large circle of professional friends as well as by relatives.

#### The Right Direction.

The following correspondence speaks for itself:

PHILADELPHIA HOSPITAL, }  
Philadelphia, Pa., May 25, 1871. }

CALVIN ELLIS, M. D., *Dean of Medical Department, Harvard University*—Dear Doctor:—At a meeting of the Philadelphia Hospital Medical Society, held May 20, 1871, it was

*Resolved*, That the adoption of a three years' course of study in medicine by Harvard University is an encouraging advance toward a higher medical education throughout the whole country; and

*Resolved*, That the congratulations of this society be tendered to Harvard University for this step.

Respectfully yours,

ROBERT D. MURRAY, M. D.,

Secretary P. H. M. S.

S. D. DAVIS, Vice-President.

#### Answer.

MEDICAL DEPARTMENT, HARVARD UNIVERSITY, }  
Boston, Mass., June 3, 1871. }

R. D. MURRAY, M. D., *Secretary of P. H. M. S.*—Dear Sir:—The Faculty of the Medical Department of Harvard University acknowledge with pleasure the receipt of the resolutions of the Philadelphia

Hospital Medical Society in regard to the recent change in the plan of instruction.

Believing that the step taken is a very important one, they fully appreciate the recognition of it by those who are interested in the advance of medical education.

Respectfully yours,

C. ELLIS, M. D.

#### Wisconsin State Medical Society.

The twenty-fifth Annual Session of the Wisconsin State Medical Society will be held in Bowman's Hall, in the City of Milwaukee, commencing on Wednesday, the 21st day of June, prox., at 7 o'clock, P. M.

#### Indiana State Medical Society.

The regular Annual Meeting of Indiana State Medical Society will be held, commencing on the third Tuesday in June, 1871, instead of the third Tuesday in May, as heretofore. By order of Society.

## Correspondence.

### DOMESTIC.

#### A Case of Hysteria in the Male.

EDS. MED. & SURG. REPORTER :

Early last October I was called to see an interesting case of hysteria in the male subject, which, from the rarity of the disease and the peculiar symptoms manifested in this case, may prove interesting to your numerous readers.

The patient was a young man of nineteen years, tall and delicate, and of sanguine temperament. I found him on the floor struggling with several men, and it required their combined strength to hold him. He would bite, not only his attendants, but himself also, if not restrained by force. Indeed, this seemed his principal means of offense and defense, and so much like a dog was he in this respect, that those who witnessed his efforts pronounced him "mad," and it was soon circulated in the town that he had hydrophobia. He would "snap" in all directions, and succeeded in biting several persons. He lost, for a time, the power of speech, and was unable to answer a single sentence addressed to him, but would stare vacantly at his interrogator. If permitted, he would pull his own hair or beat his head violently against the floor.

These paroxysms would last from ten minutes to several hours, and then leave the patient more or less prostrated. At times he would talk half rationally and live over again the scenes of several days before, especially an adventure which he had on a street car with an intoxicated man.



Any sudden noise would startle him and bring on a paroxysm. If a young widow, temporarily stopping at the house, and in whom he was deeply interested, talked in his presence to other gentlemen, the symptoms were much aggravated. Indeed, he afterward said this was the *exciting* cause of the disease.

The first night I saw him the stomach was much distended, and he complained of pain over the gastric region. I prescribed an emetic which promptly emptied the stomach of a large amount of partially digested food. After this acted, gave twenty grains of chloral hydrate. In thirty minutes the patient slept soundly and continued to do so until morning, when he awoke, apparently perfectly well. He seemed conscious of all that had passed, but said he could not have acted otherwise, and that he wished to answer our questions, but was unable to make even the effort.

The second day after the first attack he was seized with other paroxysms similar to the first. I again prescribed the hydrate chloral, but the remedy had lost its charm and had no effect.

The patient would now claw convulsively at his throat, and in his rational moments would complain of a ball there that was choking him, and he seemed to fear "choking to death." In this his friends also shared his fears, notwithstanding my assurance to the contrary. He soon became unconscious, but continued to struggle violently. As he was now unable to swallow, hypodermic injections of morphia were freely used. This kept him quiet, so long as he was under the influence of the drug, but when this subsided he was as bad as ever. As soon as he was able to swallow, valerian, assafoetida, Hoffman's anodyne and nux vomica were all tried, and failed to produce any good effect. Bromide of potassium was next used in heroic doses; but, like the other remedies, exerted no control over the disease. After nine days the paroxysms left him, but I think *time* did more for the disease than any medicine used.

I now strongly suspected *onanism* as the cause of the attack, and on accusing him, he frankly admitted he was addicted to the vice and promised to reform.

Under the use of iron, arsenic and strychnia his appetite improved, his strength increased, and he was soon in the enjoyment of good health, and has remained so until the present time, without any return of the disease.

It would, perhaps, be as well to state that a few weeks before I saw him he had a similar attack at a town up the Hudson river, and as there were constipation and distention of the stomach, two physicians who visited him diagnosed the case as one of obstruction of the pyloric orifice. From what I subsequently saw of the case, however, I am con-

vinced this was not the case, and think there can be no doubt of the correctness of my diagnosis.

F. K. TRAVERS, M. D.

*Matawan, N. J., May 18, 1871.*

#### Dislocation of both Humeri into the Axillæ, Occurring in the same Subject at an Interval of Five Years.

EDS. MED. AND SURG. REPORTER:

In looking over an old number of THE REPORTER (January 23d, 1880), I notice a letter from Dr. GROSVENOR, of Lockport, N. Y., reporting a case of dislocation of both humeri into the axillæ.

I am reminded by this of a similar case in my own practice, though the dislocations did not occur simultaneously, but at an interval of several years in the same subject.

In the summer of 1866 I was called to see Mr. W. H. Evans, living some three miles from this town, my partner, Dr. FRAZER, accompanying me. We found the patient, a man some 55 years of age, with a dislocation of the *right* humerus into the axilla. He stated that he was running after some hogs, when he tripped on a grape-vine and fell with his arm extended, his whole weight on the palm of his hand. We succeeded in reducing it after some difficulty, and in due time he recovered the use of the member. On the 25th of last March I was called to see the same man, laboring under the same difficulty, but it was the *left* arm this time. The accident occurred by his falling off a wagon, with his arm extended as before, producing the same result. It was reduced without trouble and without chloroform. I report the case simply because of its unusual occurrence.

M. L. CATRON, M. D.

*Madisonville, Md., May 22, 1871.*

### News and Miscellany.

#### The Fungoid Theory of Cholera.

Mr. T. R. LEWIS, M. B., who was specially appointed to investigate the theories of Hallier and Petenkofer with regard to cholera, announces, after long and careful examination, that

1. No "cysts" exist in choleraic discharges which are not found under other conditions.
2. Cysts or "sporangia" of fungi are but very rarely found under any circumstances in alvine discharges.
3. No Special fungus has been developed in cholera stools, the fungus described by Hallier being certainly not confined to such stools.
4. The still and active conditions of the observed animalculæ are not peculiar to this disease, but may be developed in nitrogenous material even outside the body.
5. The flakes and corpuscles in rice-water stools do not consist of epithelium, nor of its debris; but their formation

appears to depend upon the effusion of blood plasma; and the "peculiar bodies" Parkes found there-with correspond very closely in their microscopic and chemical characters, as well as in their manifestations of vitality, to the corpuscles which are known to form in such fluid; these are generally, to a greater or less degree, associated with blood-cells, even when the presence of such is not suspected, especially as the disease tends toward a fatal termination, when the latter have frequently been seen to replace the former altogether. 6. No sufficient evidence exists for considering that vibriones and such-like organisms prevail to a greater extent in the discharges from persons affected with cholera, than in the discharges of other persons, diseased or healthy; but that the vibriones, bacteria, and monads (micrococcus) may not be *peculiar in their nature*, for these *do* vary, and may not be the product of a peculiar combination of circumstances, and able to give origin to peculiar phenomena in a predisposed person, is "not proven."

#### Disinfecting Cotton.

It has long been known that the best disinfecting agent for wounds, cancers, ulcers and decaying animal matter, is the permanganate of potash. Dr. FRESSENIUS possesses a method for applying it which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun cotton with a solution of permanganate of potash. The gun cotton is not decomposed by the manganese salt as ordinary cotton is, but seems to expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers, and the like, must prove very acceptable to surgeons. The gun cotton is harmless as long as it is wet, and is an article that can be obtained in any quantity since its great use in photography. Permanganate of potash must be applied in solution in order to be effective, and is an agent that ought to be more generally known and applied in this country than it has hitherto been.

#### On Acetic and Formic Acid obtained from Human Urine during the Chemical Decomposition of Urochrome.

J. L. W. THUDICHUM, M. D., gives the methods pursued for obtaining these acids from fresh and from putrid urine. Formic acid had been found in urine, but was declared to be an accidental product of the decomposition of certain substances, intentionally ingested into the stomach. PROUT obtained acetic acid from this source, and LIEBIG believed this acid to be the product of putrefaction of the urine. The daily amount of acetic acid in the urine of a man was found to be 0.288 grm.;

the formic acid was roughly estimated a 0.05 grm. per day. The author is of the opinion that the acids are products of the decomposition of higher organic bodies, and not merely acids set free from their salts by sulphuric acid.

—M. LONGET, the celebrated physiologist, member of the French Institute of the French Academy of Medicine, died at the age of sixty-eight, at Bordeaux, a few days since. M. Longet is the author of works on the nervous system, which explain many of his own discoveries. His death was sudden, and was referred by his friends to the horror with which he was stricken when hearing the sad news from Paris.

—Dr. ALEXANDER HADDEN recovered from John More, in the Superior Court, June 6th, \$135 for medical services rendered to the defendant's child, who had his leg badly injured on the Second ave. railroad, in September 1868. The defendant refused to pay the doctor's bill, and set up his own claim for \$20,000 on the ground of malpractice.

#### QUERIES AND REPLIES.

##### Ingrowing Toe-Nail.

For many years I have used no other remedy for this affection than the nitrate of silver—lunar caustic—which has been uniformly successful and saved my patients the ordeal of one of the most painful operations known to surgical practice. A. P. MERRILL, M. D.

#### MARRIED.

BURD-SHIPPEN.—In this city, June 7th, by the Rev. Wilbur F. Paddock, D. D., Rector of St. Andrew's Church, Dr. J. P. Burd and Lily B. T. Shippen, daughter of Edward Shippen, Esq., all of Philadelphia.

PORTER-WILSON.—On May 31st, at the residence of the bride's father, Newark, Ohio, by the Rev. H. M. Hervey, L. L. Porter, M. D., of Lonaconing, Md., and Miss Jennie Wilson, of Newark, Ohio.

ROBBINS-HALL.—June 6th, at the residence of the bride's father, W. W. Latham, Esq., near New Brunswick, N. J., by the Rev. E. J. Stern, of Elkton, Md., Dr. E. W. Robbins and Mrs. L. L. Hall.

TAYLOR-HAYNES.—At Richmond, Ind., on the 30th ult., at the residence of Mark Haynes, Wm. H. Taylor, M. D., and Mary, daughter of Ira Haynes, both of Cincinnati.

TIBBALS-HEATH.—In New York, June 7, 1871, at Lexington Avenue M. E. Church, by Rev. Nathan Tibbals, assisted by Revs. C. B. Lord and A. S. Hunt, John A. J. Tibbals, of Brooklyn, and Marion Heath, daughter of A. S. Heath, M. D., of New York city.

#### DIED.

BROWN.—In Cadiz, O., Feb. 17th, of childbed fever, Mrs. Ida F. Brown, wife of Dr. S. H. Brown, and only child of Dr. F. and Matilda Hamilton, in the 23d year of her age.

She was a most estimable lady, of extraordinary mind, kind and good.

HAZLETON.—In Barnet, Vt., April 7th, Charlotte Moore, wife of Dr. H. J. Hazleton, aged 81 years.

WRIGHT.—At Hamptonburgh, Orange co., N. Y., June 4th, of typhoid fever, Kate W., only daughter of Dr. Bartow and Mary A. Wright, aged 21 years.